



Take Control of Your Health

OMB Control No. 0985-0036
Exp. Date 07/31/2016

Attendance Log

Instructions to the Group Leaders: Please clearly print the Workshop Information and the Participant Names below. Write participants' names as they appear on their Participant Information Surveys.

Mark each session that the participant attends like this: ☒

WORKSHOP INFORMATION	
Implementation Site Name	
Start Date (mm/dd/yyyy)	End Date (mm/dd/yyyy)

Table 1: CDSMP Participant Attendance Log

Participant Name	Session Number					
	1	2	3	4	5	6
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0985-0036. The time required to complete this information collection is estimated to average 6 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Administration for Community Living, 1 Massachusetts Avenue, N.W., Room 5203, Washington, D.C. 20001, Attention: PRA Reports Clearance Office